

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

O. Vou. No. _____
Bu. Vou. No. 2433

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY

Craft #3

992-3660-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				\$(250.15)	
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>							
Use continuation sheet(s) if necessary							
Shipped from		to	Weight	Government B/L No.		Total	\$(250.15)
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
(Sign original only)				Differences			
Date 5-21-59				Amount verified; correct for (Signature or initials) <i>EL</i>			
Per [Redacted] Title				(250 15)			
Contract No. 29701		Date	Req. No.	Date	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ on Treasurer of the United States in favor of
{ Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

STATOTHR

SUPP#	SUPPLIER NAME	MO DY CHECK#	INVOICE P O	ACCT ODC	MJO SO	WK	ORDR	AMOUNT	BATCH TR M D Y
3744	GRACE ROBERTS			12501	1 5092	00		1227	99 8 3 5 9
								1227 *	
								1227 **	

WKLY PURCH DIST 3/15/59